

FORT LEAVENWORTH HOSTED EVENT REQUEST FORM

Name of the Event:

Event Sponsor Name/Contact Info:

Event POC:

Alternate POC:

Date request submitted:

Date(s) of Event:

Location of Event:

Number of Non-Military/CAC ID card holders expected for event:

Justification for requesting the event to be considered a special event: (Provide attendee names on spreadsheet in alphabetical order, last name, first name, middle initial.)

Chief Physical Security Decision: _____ Approved _____ Denied

Comments: